

**VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(b))--INDEPENDENT INVENTOR**

Docket Number (Optional)
7349.112

Applicant or Patentee: Walter E. Kozachuk

Serial or Patent No.: 08/948,319

Filed or Issued: Oct. 10, 1997

Title: METHODS OF PROVIDING SYMPTOMATIC AND
PROPHYLACTIC NEUROPROTECTION

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:

- ☒ the specification filed herewith with title as listed above.
☐ the application identified above.
☐ the patent identified above.

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ No such person, concern, or organization exists.
☐ Each such person, concern or organization is listed below.

Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Walter E. Kozachuk

NAME OF INVENTOR

Signature of inventor

Date

Walter E. Kozachuk

Signature of inventor

Date

Walter E. Kozachuk

Signature of inventor

Date

00377866-082099

Docket Number (Optional)
7349.112

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHODS OF PROVIDING SYMPTOMATIC AND PROPHYLACTIC, the specification of which is attached hereto, unless the following is true:

NEUROPROTEC
is attached hereto unless the following box is checked:
☒ was filed 10/10/07

☒ was filed on 10/10/97 as United States Application Number XXXXXX XXXXXX XXXXXX
XXXXXX 08/948,319 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Claimed

☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

08/632,338	4/10/96	pending
(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)
(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)

hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Geoffrey R. Myers, Reg. #24,897; Thomas P. Liniak, Reg. #33,415; Joseph W. Berenato, III, Reg. #30,546; Joseph A. Rhoads, Reg. #37,515; Elaine Papavasiliou, Reg. No. 40,117
Address all telephone calls to: XXXXXX

Address all telephone calls to Joseph A. Rhoa, Esq. at telephone number (301) 365-8000

Address all correspondence to Joseph A. Rhoad, Esquire
Myers, Liniak & Berenato
6550 Rock Spring Drive, Ste. 240
Bethesda, Maryland 20817

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor (given name, family name) Walter E. Kozachuk Walter E. Kozachuk
 Inventor's signature Walter E. Kozachuk Walter E. Kozachuk
 Residence 11403 Cam Court, Kensington, MD 11403 Cam Court, Kensington, MD
 Post Office Address Same 20895-1313
 Date 3-9-90
 Citizenship U.S.A.

Full name of second joint inventor, if any (given name, family name) _____
 Second Inventor's signature _____ Date _____
 Residence _____ Citizenship _____
 Post Office Address _____

☐ Additional inventors are being named on a separate sheet attached hereto.